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"NEC TENUI PENNA."

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J. W. HOLLAND, A. M., M. D., Editor.

H. A. COTTELL, M. D., . . . Managing Editor.

THE MEDICAL COLLEGE ASSOCIATION.

The chagrin of the Bellevue medical faculty upon retracing their first steps toward higher education must have been equal to that of the heroes of the famous feat of arms celebrated in the nursery-rhyme:

The king of France, with twenty thousand men,
Marched up a hill, and then marched down again.

They set out with such a flourish of trumpets and boom of advertisements, that to make good their old position the announcement of retreat, and the not very lofty reasons which actuate it, must be spread as far. The situation is so painful that other medical colleges will probably be loath to make the contemplated changes in the curriculum lest they too be put in this sorry predicament; for, notwithstanding the pharisaical assumptions of superior virtue some of us put on, the money-question is of great importance to all, and still has weight in determining our course.

Taking the world as it exists, no great blame can be imputed to them for declining to commit *hæri kari* for the sake of ideals. The spectacle has its edifying side to those who believe that the desired reforms can be best obtained by individual action. It is an intimation to the New York schools that any reform which it is safe to make is best made by all the competitors at once, and that their only hope for a lasting scheme of improvement is to have it enforced by the common sanction of the colleges in convention assembled. The American Medical College Association needs them, and they

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can not well dispense with it. With like purposes and like pretensions each and all get the strength of union.

It is plain that all the preaching so liberally dealt forth by medical orators has not brought the profession at large to a point of culture that will prompt preceptors and pupils to prefer a three-year school to a two-year one, other things being equal.

The lift we all profess to want will surely come if we pull altogether. It was want of coöperation with others which wrought disaster to Bellevue. This peril can haply be avoided by a consentaneous movement on the part of leading colleges in the Association.

We utter the general voice of the profession and all earnest teachers when we urge upon the members to consider well before they take one step backward. If possible, let them frame a system that will constrain the medical schools to teach by grades each department thoroughly, and allot time to each grade sufficient for the purpose.

It is encouraging to note that one legislature after another takes action upon this matter of medical qualification. There is a general awakening of public men to the importance of protecting society against quacks and half-educated doctors. Let the weak-kneed delegates of the College Association take heart of grace. Before many years the majority of the States will have examining-boards, with rules like those of the Illinois Board of Health.

The Association may survive the present crisis even if it make no decided movement forward. There are influences at work as irresistible as the movement of the tides, which would in time uphold the standard

it shall fix, provided that standard is an honest one, embracing at least a thorough teaching by grades and an extension of the time of attendance.

It is possible that the disposition shown by some of the larger eastern colleges to play the "free lance" may unnerve the poorly-paid but well-meaning western members. Both guerrilla and regular may rest assured that if this attempt of the College Association to elevate our profession come to naught, the boards of State examiners will take matters into their own hands, and put the mark of qualification just high enough to bring shame on the pretensions of the schools, and by ignoring all diplomas decidedly lessen their value as titles to honor and privilege. As a friend to the organization we appeal to it to make a virtue of necessity before the compulsion becomes apparent to all eyes.

THE Louisiana State Board of Health, at a recent meeting, signified their purpose of acting with the National Board of Health in every thing save the stationing of an officer of the latter board at the Mississippi quarantine station, a matter which rests with the governor and not with the State board.

At the Mississippi Valley Sanitary Council in Evansville, Ind., last week there were present delegates from ten of the Valley States.

The impression seemed to prevail that there was something pig-headed in the attitude of the Louisiana State Board of Health toward the quarantine measures at Eadsport, desired by all the other States vitally concerned.

This board has for many months opposed to the reasonable demands of the National Board and Valley Council, the Cotton Exchange, the Auxiliary Protective Association, the press and leading commercial men of New Orleans, a resistance scarcely less dogged than that of Capt. Jack and his famous Modocs. The National Board of Health has the

entire confidence of the people of this valley, while no local board is able to command the implicit faith of any one outside of its own community, and it is doubtful if even at home all the bulletins are accepted concerning epidemic and contagious diseases that a wary municipality sees fit to issue. We hope our Louisiana friends will stick to the conciliatory measures they have lately acceded to, and so have a happy issue out of the difficulty.

WE bespeak the earnest attention of our readers for the amendment to the Kentucky law for regulating the practice of medicine, which Dr. Cormack proposed to the State Society. It will be found under the head of transactions on another page.

Original.

THE ARMAMENTARIUM OF THE GENERAL PRACTITIONER.

BY WILLARD H. MORSE, M.D.

PART III.

XI. THE TOURNIQUET.

Two centuries ago M. Morel, in inventing the tourniquet, did for surgical science very much the same thing that Morton did when he discovered anesthesia by ether. In 1680 the instrument which stopped the course of blood in a limb was as highly prized as we now prize the means for privation of sensation. But as Long and Lente and others have modified anesthesia, even so have Petit, Nuck, and every instrument-maker modified the tourniquet. Morel's tourniquet is antiquated. In its place are others better, more economical, and more worthy. We want one in our cabinet, and there are several styles. Petit's (price, \$2) has its advantages, and, as Gross says, "is found in every cutler's shop." Better than it is Tiemann's modification of Petit's (\$2), made so that pressure is concentrated to a certain point and kept there by fixed power.

Gross did the profession a great service in devising the tourniquet which bears his name. It is composed of two clasp-blades united by a screw and provided with pads. It is comfortable, readily adaptable, and is

easily applied. The price is \$12. Britton's (\$30 to \$60) is too costly. Charriere's (\$2.50) is double-padded, and works well. The "field-tourniquet" (\$1) did good service during the Franco-Prussian War, but is hardly fitted for every-day use. Mott's (\$2) is good in principle, but has gone out of favor to some extent. Erichsen's (\$25) is an English favorite. Buck's (\$35) is ingenious, but is not suited to every emergency. Skey's (\$24), May's (\$15), Signorini's (\$13.50) I have never seen. Preferable to any is Esmarch's rubber band with Langenbeck's clamp, costing \$3.75. It is perfect in operation, and is adjusted without regard to the location of the principal arteries, controlling the *entire* circulation. It can be successfully used in operations on the extremities, and is one of the best inventions that German art has given us. The band is made in America by the Davidson Rubber Company.

XII THE THERMOMETER.

What the compass is to the mariner the thermometer is to the physician. We can not do without it. From occupying a lowly place in science it has come to constitute the agent of an independent science. Thermometry now implies in its name an object second to no other in medical practice, as it determines both diagnosis and treatment of disease, in fixing the temperature of the sick-room and indicating the temperature of the sick person. For the first purpose I know of no better thermometer than that made by John Kendall, of New Lebanon, N. Y. I think it advisable for a physician to be provided with a set of three or four Kendall heat-thermometers, which can be purchased for about fifty cents each. There are cases where I depend as much upon keeping the room at a certain temperature as I do on reducing the temperature of the body to normal heat.

The clinical thermometer is made in a number of different styles and patterns. The instrument has several essentials. It must be very delicate and sensitive, accurately made and sealed, with a scale from 90° to 115° subdivided into fifths. It would be impossible to speak of the many makes that are in the market. G. Tiemann & Co. manufacture a bent instrument (price, \$3.50) that is coming into use. Casella's (\$7) is very popular, and has the merits of a high price, ivory scale, morocco case, and accuracy. There is the plain "bulb-thermometer," sold at from \$2 to \$3.50, and disposed to lose its register without the least provocation.

Dunster's (\$4.50) has a constricted bulb, and is preferred by some. Hawksley's (\$3 and \$4.50) is like Dunster's, but is divided into fourth instead of half degrees. Wein-hazen, for \$3, makes a good instrument. Grissler's (\$5.50) is a German make much used abroad. Reynders's (\$4) and others with patented spiral twists are warranted true and receive much favor. Seguin has invented an instrument (price, \$3) that is quite good. The "pencil-case thermometer" (\$5.50) is neat, pretty, and accurate. J. Gall & Co., of New York, under Hicks's (English) patent, manufacture a thermometer so constructed that the index is magnified so as to be readily observed even to the fraction of a degree. The index is permanent, as the quantity of mercury that is passing the constriction always is the index, and the dilation of the mercury always forms a new one in case it is "lost." The price is \$3, and in my opinion it is the most perfect and best-made thermometer there is in existence. There is a standing recommendation to obtain a "certificate" when a thermometer is purchased, but Gall's needs no certificate. It is always accurate and efficient. The same firm make a clinical surface-thermometer, constructed of a flat spiral bulb, carrying a stem and scale at right angles, and being surrounded by a rubber cap, which confines the heat of the skin. I have never used it, but if I were to employ any surface-thermometer I should choose this.

Cases for fever-thermometers are made of silver, lead composition, leather, wood, rubber, etc., and are sold at from five cents to two dollars. One surely can not afford to pay as much for a case as he does for his instrument, and a plain wooden case is just as good as any. The practice of carrying the thermometer in the pocket-case is excellent, and I think is worthy of adoption as being both safe and convenient.

XIII. THE OPTICAL TRIAL-CASE.

The trial-case has but recently been added to the armamentarium. It has been considered the exclusive property of the oculist, and only a short time ago no physician thought of using it as an agent in diagnosis of eye-troubles that occur in general practice. Latterly, thanks to the efforts of zealous ophthalmologists, it has been recommended for general adoption, and is being found in the cabinet of every progressive medical man. It is useful not only in the examination of patients who have some optical disorder more or less obscure, but also for testing the eyes

of young children in reference to myopia. Beside this I have found the case of value as shielding my patients from the influence of that worse than charlatan the itinerant vendor of spectacles. When it is known that you have a trial-case and an unhallowed detestation of the traveling salesman, nothing will be more common than calls from those who desire to learn what spectacles they should wear. Yes, my down-east friend, "it will pay." It is the physician's duty to advise his patients on the care of their eyes. There, if any where, prophylaxis is laudable. There are young men and women that we all know who are not "bright" just because they are myopic and are ignorant of it. The use of the trial-case prevents this loss of usefulness and mitigates suffering. By its legitimate use the physician becomes a public benefactor, and I do not think it extravagant to say that there is no one instrument of more real, every-day importance.

There are really but two economic cases—Roosa & Ely's and Loring's, both made by the enterprising Meyrowitz Bros., of New York, and sold for \$12 and \$14. I prefer the first, which contains thirty-six pairs of concave and convex glasses, numbered from 5 to 60, which is nearly as large a range as Nachtet's \$125 case affords. A delicate frame for holding the glasses and a set of Jaeger's test-types are also contained in the case. It meets all the requirements of the practitioner, and is ambitious enough for the use of the specialist who has little means. Loring's case, which some prefer, contains twenty-four pairs of glasses, frame, and test-types. The lenses are marked in the metric system, and combinations are very readily made. As above intimated, I recommend the Roosa & Ely case over the Loring, but not with an idea of disparagement of the one, as both are well nigh faultless. Both are also offered to the profession at prices so low as to be within the reach of all, and the cost of the apparatus need not be longer an excuse urged against purchase. There are those who labor under the notion that there is a certain intricacy to the glasses necessitating intimate knowledge of the abstruse in the mathematics of ophthalmology. Such an idea is fallacious, as the glasses and their combinations could not be more simple.

XIV. A PHYSICIAN'S LAMP.

Forming a valuable adjunct to a physician's armamentarium is a good lamp. If we could choose to have daylight for all our operations we might not need a special

lamp, but there are emergencies where we can not rely on sunlight, and much less on the light of gas or common lamps. We need powerful, steady, and clear light. There are those who prefer the St. Germain student-lamp. I do not. Preferable to it and better than any other that I know of is Holling's duplex lamp, made in Boston, and sold at about the same as the student-lamp. It gives a light equal to twenty-eight candles, and of good quality. Has no smoke, smell, or danger. It is excellent in special operations, or with microscope affords a brilliant and unwavering light for the ophthalmoscope, and can be so arranged as to illumine any cavity for examinations. Beside all this it has more worth for lighting a room than any other kerosene lamp that I know of, and is unrivaled for the uses that lamps are put to by physicians.

XV. THE UTERINE SUPPORTER.

Only a short time ago the medical profession first heard the question, "Believest thou in uterine supporters?" Immediately the article appeared in the market, and although all have not answered the question, yet there are those who pin their faith to supporters. The pessary has quietly withdrawn from the war, and the praise of the supporter is heard in the land. When I began practice and had made out a list of instruments to be purchased I did not include the supporter, arguing that although it is a very excellent contrivance it cost too much to be assigned a place in my cabinet, and beside all this it was useless to provide myself with instruments that must necessarily be for sale purposes rather than for operations. That was of the past. The time came when I reasoned differently and thought more rationally. That it is as essential to have a supporter in the armamentarium as it is to have a catheter may seem fallacious, but why not? If occasion offers we loan or sell our catheters to patients, and when I purchased the supporter it was with the purpose in view of having it to loan, or as a "sale-sample." I found several makes on the market—McIntosh's, \$8; Babcock's, \$12; Wadsworth, \$6; O'Leary's, \$5; Scanzoni's, \$5; Tiemann's, \$6; and others—all very good but costly. (The bread question was always ready!) While still undecided I chanced upon Herrick's, made at Grand Rapids, Mich. It has a place in my cabinet at a cost of \$2; and the little soft rubber instrument with silver-wire stem and hard rubber ring is really indispensable. It is easy to wear, is cleanly,

has no "cup," is effectually curative of uterine displacements, and is the only supporter I care to try. When a patient presents who needs the application of a pessary it is "loaned," and almost always it is *purchased*, and a new one must take its place. The supporter is worthy of a place in every cabinet, and Herrick's is about as good as is made.

HINSDALE, N. H.

Medical Societies.

KENTUCKY STATE MEDICAL SOCIETY.

[CONCLUDED.]

The Twenty-sixth Annual Meeting of this Society, held at Covington, beginning on the 5th day of April, 1881, transacted miscellaneous business of importance, as will be seen below.

QUALIFICATIONS OF DRUGGISTS AND PHARMACISTS.

Dr. C. Mann, of Nicholasville, moved to recommend to the legislature at its next session the application of a law relating to the qualification of druggists and pharmacists in cities to druggists and dispensers of medicine in general throughout the State. This has reference to a law passed in 1874, which in substance provides that all druggists and dispensers of medicines in corporations of five thousand and upward must be graduates in pharmacy.

REFORM IN MEDICAL TEACHING.

Dr. Reynolds brought up the subject of reforms in medical teaching, and said that inasmuch as at the last meeting of the Medical College Association a resolution was adopted making it incumbent upon members to require of applicants for graduation an attendance on three full courses of lectures, and that in view of the action of some of the eastern colleges, notably the College of Physicians and Surgeons and the Bellevue Hospital Medical College, in reference to these suggested reforms, he thought it proper that the various State societies should take some action or give some expression of the feeling of the profession outside of the Medical College Association, and he therefore offered the following:

Resolved, That it is the judgment of the Kentucky Medical Society that the American Medical College Association should be encouraged in the attempt it has been making to institute reforms in the methods of medical teaching and we pledge it our hearty support.

FOR THE PREVENTION OF QUACKERY.

Dr. McCormack, of Bowling Green, presented for the consideration of the Society an amendment to the present State law regulating the practice of medicine in Kentucky. This caused some sharp discussion between Dr. McCormack and several of the members. The amendment proposed is this:

Be it resolved by the General Assembly of the State of Kentucky, That an act entitled "An act to regulate the practice of medicine and surgery in this State" be so amended as to read after the close of sec. 4, as it now stands:

"And any person who is now practicing or may hereafter propose to practice medicine in any way whatever, in any county of this Commonwealth, shall first appear before the judge of the county court of such county and exhibit to him a diploma from a regularly chartered medical college or a certificate of qualification from a district board of medical examiners of this State, or satisfactory evidence that such person had been regularly and continuously engaged in the practice of medicine in this State for ten years prior to the passage of the law of which this is an amendment. Such person shall also make affidavit that he is the person named in the diploma or certificate, and how long and where he has been located.

"It shall be the duty of the county judge before whom the exhibit and affidavit are made to give to such person a certificate setting forth the name of the college or board issuing the diploma or certificate, date of certificate or diploma, and such other facts as are contained in the affidavit, which shall be furnished by him to the county clerk of such county for record in a book kept by him for that purpose, which shall be open to the inspection of the public at all times.

"And it is hereby provided that a regularly-chartered medical college within the meaning of this act is one reputedly engaged in teaching the science of medicine as recognized by the school or system of medicine to which it professes to belong, and that a board of examiners within the meaning of this act is one of the legally-organized boards of medical examiners of this State.

"It is hereby made the duty of the State Board of Health of this State to prepare a list of such colleges and boards, and furnish such list to each of the county judges of this State, and that such list shall be the sole guide of such judges in determining the standing of medical colleges and boards.

"It is hereby made the duty of the county boards of health to report violations of this law to the grand juries of their respective counties.

"Any person violating this act shall be subject to all the penalties prescribed by the original act, of which this is an amendment."

The resolution was unanimously adopted.

Correspondence.

Editors Louisville Medical News:

In a recent paper read by Dr. Baker before the Health Association of Michigan, meeting at Battle Creek, I was struck with this paragraph: "There are persons even in this enlightened State who oppose any effort for improved vital statistics, who strive to cripple the resources of the public-health service, and to hinder the work which has for its object the prevention of sickness and death."

This is one of the difficulties against which the sanitary movement has to contend in every State where the enterprise is new. The people must be educated up to a recognition of the health-officer as a friend and judicious

adviser. So long as they regard him as one who is exercising an espionage over their houses and grounds, which is unwarranted by common civility or by law, they will receive him with incivility, and perhaps repulse his kindly efforts to do them a service. They admit the constable, the tax-gatherer, the assessor, and recognize them as lawful agents of the State. The health-officer, on the other hand, is an inquisitive interloper, meddling with business which is not his. Instead of extending to him a welcome as the official who above all others is upon an errand of mercy and beneficence, he is repulsed as an intruder upon private premises. The hot months come, and disease comes from some local cause overlooked or unsuspected by even good housekeepers, and then they remember that a man once called claiming to be a health-officer.

All health-boards of Kentucky must go slow until the people recognize the fact that the going is in the interest of public health. When this impression is once made the people will coöperate with the board of health, and realize some of the good results promised by sanitarians.

HYGIENIST.

LOUISVILLE.

Reviews.

The Microscope and its Relation to Medicine and Pharmacy. Edited and published by CHAS. H. STOWELL, M.D., Assistant Professor of Physiology and Histology, University of Michigan, and LOUISA REED STOWELL, M. S. Assistant in Microscopical Botany, University of Michigan. An illustrated bi-monthly journal. Ann Arbor, Mich. Vol. 1, No. 1.

"And a new face at the door, my friends, a new face at the door." We open and give it welcome to our sanctum. Its originals are striking and practical, its illustrations excellent, and its selections well made. There is plenty of untilled soil in the field it proposes to work, and we hope it may reap a full harvest.

Food for the Invalid, the Convalescent, the Dyspeptic, and the Gouty. By J. MILNER FOTHERGILL, M.D., Edin., M.R.C.P., Lond., etc., etc., and HORATIO C. WOOD, M.D., Professor Materia Medica and Clinical Professor of Diseases of the Nervous System, University of Pennsylvania, etc. New York: McMillan & Co. 1880. \$1.

Dr. Fothergill's part of this work is apparently the introduction, which discusses with learning and in his taking style the

subjects, the invalid in bed, nursery food, and food generally. He is especially clear in dealing with the pathology of gout and the changes through which the food passes to generate gout poison.

The recipes contain many dishes not usually advised for the sick, but which fall within the scope of this book, as it professes to teach what foods may be eaten by those of gouty habit who are not necessarily dyspeptic. The preparation of fatty articles of diet and of fish is dwelt upon at much length in conformity with the idea of its authors that palatable fats are much in demand in modern diseases, and that avoidance of brown meats must be preached to those of gouty tendency. It will prove profitable reading to any body.

A Practical Treatise on Surgical Diagnosis: DESIGNED AS A MANUAL FOR PRACTITIONERS AND STUDENTS. By AMBROSE L. RANNEY, A.M., M.D., Adjunct Professor of Anatomy, etc., in Medical Department of University of New York, etc. Second edition, revised and enlarged. New York: Wm. Wood & Co. 1880.

The intention of this book is excellent. The fact that a second edition has become necessary only a year after the first was issued shows that it has achieved a certain amount of success. It contains a vast deal of useful information arranged in a striking way. There is a slovenliness at times in the author's style which while it does not detract from the practical merits of the work is yet a blemish not unworthy mention.

An Index of Comparative Therapeutics. By SAMUEL O. L. POTTER, M.D., President of Milwaukee Academy of Medicine. Chicago: Duncan Brothers. 1880.

This book, compiled by a homeopathist, presents an abstract of the therapeutics of regular medicine and of homeopathy in parallel columns.

We know of no work of the kind which is so well adapted for making a comparison between what are called "the old and new schools." One is somewhat surprised to find chloral in twenty-grain doses (homeopathic) for insomnia, and still more to learn that two grains is given as a hypnotic for each year of age up to twenty years. Our "school" has taught one grain for each year as a good proportion.

The compilation from our authorities has been made honestly, and arranged so as to make an index serviceable to any doctor.

Books and Pamphlets.

EIGHTH BIENNIAL REPORT OF ILLINOIS ASYLUM FOR FEEBLE-MINDED CHILDREN AT LINCOLN, October 1, 1880.

EXTIRPATION OF RECTUM WITHOUT DESTROYING THE SPHINCTER ANI MUSCLE. By William A. Byrd, Quincy, Ill.

A CONTRIBUTION TO THE PATHOLOGICAL HISTOLOGY OF ACUTE PAROTITIS. By Edmund C. Wendt, M.D. Reprint from New York Medical Journal.

A FURTHER CONTRIBUTION TO THE STUDY OF FRACTURES OF THE INFERIOR EXTREMITY OF THE RADIUS. DIFFERENTIATION OF LONGITUDINAL AND TRANSVERSE FRACTURES AND THE CAUSES WHICH PRODUCE THEM. By L. S. Pilcher, M.D., Brooklyn.

REPORT ON TRICHINÆ AND TRICHINOSIS. Prepared, under direction of the Supervising Surgeon-general, by W. C. W. Glazier, M.D., Ass't Surgeon M. H. S. List of members of the American Academy of Medicine, January, 1881, with Constitution and By-laws.

COLUMNÆ ADIPOSÆ; NEWLY-DESCRIBED STRUCTURE OF THE CUTIS VERA, WITH ITS PATHOLOGICAL SIGNIFICANCE IN CARBUNCLE AND OTHER AFFECTIONS. By J. Collins Warren, M.D., Instructor in Surgery, Harvard University; Surgeon to the Massachusetts General Hospital.

AN IMPROVED SELF-RETAINING RECTAL AND VAGINAL SPECULUM. By A. F. Erich, M.D., Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore; Surgeon in charge of the Maryland Woman's Hospital, etc. Reprint from the Obstetric Gazette, February, 1881.

THE STRONG GALVANIC CURRENT IN THE TREATMENT OF SCIATICA: THE RESULTS IN THIRTY-TWO CASES. By V. P. Gibney, M.D., New York. Extract from Transactions of the American Medical Association.

This is written with the vigor and grace characteristic of its distinguished author.

A CASE OF PRIMARY TUBERCULOSIS OF THE LARYNX. Read before the American Laryngological Association, session of 1880. By J. Solis Cohen, M.D., Philadelphia. Reprint from the Archives of Laryngology, Vol. II, No. 2, April, 1881.

Comment is unnecessary here. Dr. Cohen never goes into print without something to say. No one can read any thing from his pen without gaining new and substantial knowledge.

FAILURE OF VACCINATION: VARIOLOUS INFECTION AN ILLUSION; VACCINATION AN INJURY TO HEALTH AND A DANGER TO LIFE, AND, AS A PROTECTION AGAINST SMALLPOX, A VANITY. Read before the St. Louis Medical Society, January 15, 1881. By Carl Spinzig, M.D. Reprint from the St. Louis Clinical Record for February and March, 1881.

Wonderful! We are just now looking for the man who will show us that eating and drinking will not protect against starvation; but Heaven grant that he may give us something more readable than Dr. Spinzig's diatribe.

Pharmaceutical.

COMPRESSED SOLUBLE HYPODERMIC TABLETS.—We have just received from John Wyeth & Bro., of Philadelphia, a line of samples of the above-named articles, embracing specimens of morphia in fractional amounts and combinations of morphia and atropia. Forms like these are what we have long desired, and, so far as we know, they bear out the claims of the manufacturers, as stated below:

They are convenient both to carry and to use; they are accurate, enabling the physician to administer precisely the dose desired; and they are not liable to change by keeping. Solutions are bulky, the bottles are apt to break or to leak, and the liquid often becomes decomposed or deteriorated by time. Powders become inert from atmospheric influences; the papers become torn and part of the medicament is often lost in the necessary handling.

Judging the readers' wants by our own, we make another quotation from the circular sent with the samples:

DIRECTIONS.—The syringe is charged with about twenty minims of water, which is poured into a teaspoon or other convenient receptacle; the pellet being dropped in is crushed with the end of the syringe, to which the needle fits, and after all the lumps are broken the solution is drawn up and forced out three or four times, when usually the whole mass will be entirely dissolved and ready for use.

If warm water is used or the spoon is heated over a lamp or gas jet, a perfect solution is effected in a moment. The tablets may be readily powdered with the blade of a knife, and a solution is even more speedily made in this way.

Formulary.

BENZOATE OF CALCIUM IN THE ALBUMINURIA OF PREGNANCY.

Jas. T. Shinn (Amer. Jour. of Pharm.), after giving a formula for the preparation of this salt, says:

It may be dispensed either in capsules or solution, a very good formula for the latter being:

R Calcii benzoat..... gr. cxxviii;
Aque distillat..... fl. ʒ vj;
Syr. aurantii..... fl. ʒ ij.

M. ft. mist.

This makes a solution, by the aid of heat, containing eight grains to half a fluid ounce, which is the usual dose.

At a meeting of the Chester County (Penn.) Medical Society Drs. Smith and O'Hara spoke of the great benefit derived from this preparation in cases of albuminuria during pregnancy, and as the salt may be called for, and is not on the price-list of the chemists, a formula for its preparation may be useful.

CHURCHILL'S TINCTURE OF IODINE.

The formulas for this preparation vary to a certain extent. The following, which we take from our files, that adopted by the New York Hospital:

Resublimed iodine.....	℥j;
Iodide of potassium.....	℥ij;
Water.....	} aa fl.℥ij.
Alcohol.....	

Dissolve.

It will be remarked that the preparation is identical in strength with the official compound tincture of iodine, dilute alcohol being only substituted for strong alcohol. The dose is from five to fifteen drops, as may be required.—*Druggists Circular*.

Churchill's tincture of iodine for topical application in certain uterine affections is preferred by the gynecologist to the official preparation.

A PLEASANT SULPHURIC-ACID BEVERAGE.

Petals of red roses.....	20 parts;
Boiling water.....	1,000 "
Dilute sulph. acid.....	4 "
Sugar.....	160 "

Pour the boiling water upon the rose-petals; allow this to stand for an hour; then strain and add the sulphuric acid and the sugar.

The lemonade is to be taken cool or iced, in small quantities and after prolonged intervals, so that irritation of the stomach will not ensue. A tumblerful, for example, with some madeira, every three or four hours, would be a suitable method of administration.—*Cincinnati Lancet and Clinic*.

WHITE LIQUID PHYSIC.

Sulphate of soda.....	℥ viij;
Water.....	℥jss;
Nitro-muriatic acid, dilute.....	fl.℥ij;
Powdered alum.....	gr. lxxviij.

Dissolve and filter.

The preparation is given as a cooling purgative, and by some as a substitute for mercury. The dose is one tablespoonful, in a gill of water, three times a day. To protect the teeth against the acidity of the mixture, the dose is to be taken through a glass tube, and the mouth is to be rinsed immediately after with a solution of bicarbonate of soda.—*Druggists Circular*.

The alum is serviceable in this prescription in constipation depending upon a paretic state of the muscular coat of the bowel. The combination is an extremely cheap one, and may be useful in the treatment of females of lax fiber.

WICKERSHEIMER'S PRESERVING FLUID.

	For injecting.	For immersing.
Acid arsenious.....	16 grams;	12 grams;
Sodium chloride.....	80 "	60 "
Potassium sulphate.....	200 "	150 "
Potassium nitrate.....	25 "	18 "
Potassium carbonate, 10 "		15 "
Water	20 liters;	10 liters;
Glycerin	4 "	4 "
Wood naphtha.....	⅜ "	⅜ "

M.

—*Boston Jour. of Chem.*

PSORIASIS VULGARIS INVETERATA.

John V. Shoemaker, A.M., M.D., on the treatment of this affection.

The initiatory local treatment consisted in the daily application of *sapo viridis* rubbed into the parts affected with a stiff nail-brush, to remove the epithelial scales, followed by ablution with tepid water and the reapplication of green soap, which was permitted to dry upon the part, and the patient directed to apply the following ointment:

R Hydrarg. ammon.....	gr. xv;
Ol. cadini.....	fl.℥ij;
Ungt. petrolei	℥j.

M. ft. ungt. S. To be applied twice daily, and instructed to return to us at the expiration of one week.

At that time no improvement was perceptible, except the red base of the scaly deposit had assumed a more inflammatory aspect, due to the irritating application of the soap. The scaly condition of the derma was but little influenced. Of course a rapid change in so brief a period was not anticipated. During the third week of treatment the patient exhibited marked signs of improvement, the imbricated silvery patches were removed, and the hypertrophied papillæ of the corium were plainly seen. The patient was now directed to use—

R Acid chrysophanici.....	℥j;
Ungt. petrolei.....	℥j.

M. ft. ungt. S. To be applied once daily.

From this time on the patient made rapid and favorable progress, and was discharged cured January 5, 1881, after two months' treatment.—*Medical Bulletin*.

Miscellany.

DROPS.—G. H. C., New Haven, Connecticut, writes to The Druggists Circular: The article published in the February number of The Druggists Circular under the heading, On the Administration of Medicines in Drop Doses, is worthy the consideration of every physician and pharmacist. The subject is one to which a majority of both branches of the profession give by far too little attention, and the thorough practicalness of Mr. Moore's article ought to be the means of accomplishing much good in this direction. Absolute accuracy in the dose of liquids is not possible, owing to the variation in the sizes of spoons, the measure usually employed; but the giving of medicines in drops deviates too widely from any definite quantity to be ever practiced safely, with possibly rare exceptions. The writing, too, of drop quantities of certain articles to be dispensed in mixtures, as is the habit of some physicians, should be abandoned; or else why not with as much propriety return

to the whilom custom, and write a "handful" of this and a "pinch" of that?

A prescription recently handed me to prepare called for liquor arsenici et hydrargyri iodidi, gtt. xcvi, and with the other ingredients formed a four-ounce mixture. Now in such a case the pharmacist who drops the solution and counts the ninety-six drops follows the letter of the prescription; but the strength of the compound will probably never be twice alike. The probable variation might seem to be of little account practically; but I think this would not be so in many cases, as the possible range is large; and consequently it is a careless way of writing. From our shelf-bottle ninety-six drops of Donovan's solution measured one hundred and twenty-four minims; from the lip of a minim graduate, one hundred and fifty minims; from a so-called minim dropper, one hundred and six minims; from a smaller dropper, ninety-four minims. Here is a variation of fifty-six minims between the extremes of ninety-six drops, as tried only from four such surfaces as might be employed by the dispenser.

It would seem from this that something more than *silence* is necessary to secure *accuracy*.

GRAFTING THE TOMATO ON THE POTATO.

Mr. Hiram Stidolph, of Jefferson County, Ala., writing to the Rural World, in October, says:

"I have this summer grafted a tomato vine on a potato vine. It is now growing finely. If it had not been such a dry summer I think it would now be full of fruit, and I should probably have potatoes at one end of the vine and tomatoes at the other end. It has been grafted four months and is now (October 15) full of blossoms. It is the most singular piece of grafting I have ever done. I have grafted white currants upon black currants and on red ones, and a gooseberry on a currant, which bore a gooseberry the first year. But grafting the tomato on the potato gave me more trouble than any grafting I ever did. The tomato vine looked sickly for a long time, but I shaded and watered it, and it finally grew and produced blossoms, as I have stated."

Another correspondent in the same paper, of November 25, adds: "In 1867 an Alsatian gardener, then in my employ, mentioned to me this rather curious fact of the practicability of grafting the tomato on the potato. I think I have since seen it referred to in several works. The tomato may be

successfully grafted on the potato. By this means one gets a crop of potatoes in the ground and a crop of tomatoes on the stems. The potato (*S. tuberosum*) and the tomato (*S. lycopersicum*) being both Solanaceæ, the inference is that they can be united by proper care in manipulation, and subsequent protection of the graft. The great difficulty, however, of grafting herbaceous plants will prevent its being practiced even by those who have a penchant for oddities."

While nothing useful has been gained by the experiment, yet it shows what wonderful transformations can be made in the vegetable kingdom.

DEATH BY DROWNING.—The striking fluidity of the blood often to be observed in the bodies of persons who have been drowned has led MM. Brouardel and Vibert to make some experiments upon the subject (London Lancet). They have found that when animals have been drowned slowly a large quantity of water passes into the circulation, as is shown by counting the number of corpuscles in a given volume of the blood before and after immersion. They estimate that the water in this case amounts to not less than one third of the total amount of liquid in the circulation. If death occurs rapidly, little or no water is absorbed. The water enters chiefly by the mucous membrane of the lungs, for ligature of the esophagus makes very little difference to the quantity absorbed. Animals killed by the injection of water into the air-passages present a slighter amount of hydremia than those killed by drowning. In the latter case the blood-corpuscles present only slight changes, and the chief difference to be detected is their lessened quantity. Small capillary hemorrhages, however, are often to be found in the alveoli and parenchyma of the lungs, which explain the blood-stained foam which often flows from the nostrils and mouth of the drowned. Some of the epithelial cells of the lungs are altered, and present a granular and fatty appearance in consequence of the action of the water.

A BILL "to protect the public health and regulate the practice of medicine in the State of Colorado" recently passed the legislature of that State. The law is similar to that of Illinois, and, like it, gives to the board the power of determining what colleges have a good standing. Bills of like tenor have lately passed the legislatures of Indiana, Arkansas, and West Virginia.

AN UNFORTUNATE TOBACCO COUNTERBLAST.—Carlyle, from his own account, was a martyr to dyspepsia. In his *Reminiscences*, however, he tells no word of his bodily symptoms of disorder, but makes constant allusions to his mental miseries. Perhaps some one of the many doctors whom he no doubt consulted could tell us something interesting on this point. And perhaps also psychologists may be able to trace at times in his misanthropic expressions traces of his mental and bodily sufferings. He once, it appears, rode sixty miles to Edinburgh "to consult a doctor, having at last reduced my complexities to a single question, Is this disease curable by medicine? or is it chronic, incurable except by regimen, if even so? This question I earnestly put; got response, 'It is all tobacco, sir; give up tobacco.' Gave it instantly and strictly up. Found, after long months, that I might as well have ridden sixty miles in the opposite direction and poured my sorrows into the long hairy ear of the first jackass I came upon as into this select medical man's, whose name I will not mention."—*British Med. Journal*.

INDIANA THIRD CONGRESSIONAL DISTRICT MEDICAL SOCIETY.—It should not be forgotten that this society will meet in Jeffersonville on Wednesday next, May 4th.

We have not seen a programme as yet, but having some insight into the "way they do things" across the river we can assure our friends who may attend that pleasure and profit will reward their pains.

We are informed that a number of papers will be read by able members of the profession in Indiana, and that an invitation has been extended to Prof. E. R. Palmer, of Louisville, to address the society. This brilliant speaker has promised to be there, and his eloquence will well repay the courtesy.

We have also been told (underbreath) that there is a fixed determination in the minds of the physicians and citizens of our neighbor city to rival even Louisville in the matter of hospitality.

USES OF PEROXIDE OF HYDROGEN.—A considerable quantity of the peroxide of hydrogen is used in America for bleaching feathers. Mr. A. H. Mason, discoursing on the subject before the Liverpool Chemists' Association recently, said: I am informed that the medical profession have given it a trial and it has been found wanting. For medicinal use the quantity sold is very small. Dr. Richardson recommends the ten-volume

solution. Dose, one half dram to two drams; but there is a large quantity of so-called ozonic ether used in medicine, which consists of a compound of absolute ether, with peroxide of hydrogen, expressly made of thirty-volume strength. The best-known application of peroxide of hydrogen is probably in its employment as an auricome for bleaching dark-colored hair, producing the yellow tint; for this purpose a ten-volume solution is used, the hair is saturated with it, and then exposed for two or three days, when the oxygen is liberated and the hair partly decolorized; if wanted in a shorter time, after immersion the hair is dried in a water bath for a few hours, but the ultimate result is not so satisfactory. A London hairdresser produces white hair, and it is conjectured that he employs a twenty-volume solution, with the addition of strong solution of ammonia, and so completely decolorizes and bleaches the hair, at the same time renders it practically destroyed except so long as it holds together.—*Oil and Drug News*.

PROFESSOR BILLROTH has twice repeated his new operation of resection of the pylorus for cancer of the stomach. The first operation has been successful, the patient having returned home apparently well, and able to take solid food. The second patient survived the operation eight days. The third, on whom Dr. Billroth operated on the 12th of March for a considerable cancerous tumor, died in twelve hours. The facility of the operation, the absence of peritoneal reaction, and the holding power of the sutures, were apparent in all the three cases.—*Brit. Med. Jour.*

COOL WATER FOR THE FEET.—Plunging the warm feet into cool water immediately on getting out of the bed in the morning has frequently the effect of keeping them warm during the day.—*Dr. Kumbold's Hygiene of Catarrh*.

BUTTERMILK is highly recommended by Hildesheim (Berlin Clinical Weekly, No. 38, 1880) in febrile affections. It reduces the temperature and supplies waste.—*International Jour. of Med. and Surg.*

A MICHIGAN quack gave the following prescription: "R Powder of egg-shells, 20 grs. To be taken annually every two hours until her bowels were removed."—*Physician and Surgeon*.

Selections.

Differential Diagnosis between Chancre and other Ulcers of the Cervix Uteri.—Translation in Philadelphia Medical Times:

Rasmusow, in an article of great interest both to the gynecologist and to the general practitioner (*Vierteljahrsschr. f. Derm. u. Syphilis*), says that the first point is to decide whether a given sore is a chancroid or a chancre. The points of diagnosis are as follows: The chancroid presents, as a rule, a decided loss of substance, an excavation with undermined and corroded edges, surrounded by a reactive inflammatory area. The surface of the chancre, on the other hand, is usually flat, sometimes elevated, without sharply-defined borders, and rarely shows itself as a decided loss of substance. The floor of the chancroid is uneven, like its edges, corroded, and covered with a more or less abundant yellowish or fatty-looking secretion. The floor of the chancre is smooth, as if varnished, with a grayish or reddish (flesh-colored) appearance, and it exudes a scanty sero-sanguinolent or purulent fluid. The floor of the chancroid is soft and doughy, or only gives the sensation of inflammatory exudation, while the chancre is marked by a well-marked, hard, sclerosed foundation, although this may not be so perceptible in this locality as in chancres of the external skin. A common accompaniment of the chancre is a painless enlargement of neighboring lymphatic glands, the tumors thus formed showing in most cases no tendency to break down into abscesses. A similar involvement is quite unusual in chancroid, occurring, according to Zeissl, only twenty times in one hundred cases. This is particularly the case in chancroids of the cervix, in which it only occurs when these ulcers are accompanied by similar sores on the external genitalia, where abscesses form as a rule. The chancre is followed by appearance of general secondary symptoms, while, as is known, the chancroid is a purely local affection. As to inoculation, Rasmusow has not employed this method of diagnosis; first, because in many of his cases the capability of the secretion for auto-inoculation is evident from the appearance of neighboring sores; and secondly, because at present the fact asserted by Auspitz appears to be proved, namely, that the secretion of the chancre can itself be auto-inoculated until the period of general symptoms.

Of other affections of the cervix which may be confounded with chancre, follicular ulcers, simple abrasions or excoriations, papillary erosions, herpetic ulcers, tubercular and cancerous ulcers, may be mentioned. As to the follicular ulcers, these are small and cup-shaped, situated in the follicles, are most numerous about the external os, and are even found within the cervical canal. They do indeed remind one of chancroids at first glance, but they are usually no larger than the follicles from which they originate, and do not tend to spread. Early cauterization generally heals them rapidly, whereas this treatment applied to the chancroid before its surface clears is usually harmful. Follicular ulcers are usually accompanied by enlarged and inflamed follicles, and are grouped about the external os. They are also usually accompanied by catarrh of the cervix and even of the uterine cavity. The ordinary accompaniments of this catarrh are likewise present—hyperplasia and hypertrophy of the cervix, fluor albus, burning in the lower pelvic region, pain in the loins, etc. Chancroids

of the vagina usually run a painless course, and are unaccompanied by a catarrhal condition of the cervical canal and cervix. Quite contrary to chancre, these follicular ulcers do not run a typical course; they are quite indifferent to the influence of iodiform, which is almost a specific in the venereal sores of this locality. From the initial lesion of syphilis these follicular ulcers can easily be distinguished by their lack of induration and by the absence of swollen glands.

Simple erosions resemble chancroid and chancre only in the earliest stage of the latter. The changes which take place in both varieties of venereal sores, the ulceration of the chancroid, and the induration of the chancre, with involvement of neighboring lymphatic glands, soon serve to differentiate them.

The papillary erosion is simply a further metamorphosis of the simple erosion, and is characterized by small dark-red points scattered over its surface, which are nothing more than the points of papillæ deprived of epithelium which are found in the inflammatory condition. The papillary erosion is usually found in connection with simple erosion, and is accompanied by cervical and vaginal catarrh, the lesions also being grouped around the os uteri.

The so-called herpetic ulcer may sometimes resemble the initial lesion of syphilis, particularly when it takes the form of an erosion; but the herpetic ulcer is apt to be multiple and the several lesions run together, forming a larger sore of very irregular segmented outline. In addition, there is no induration or lymphatic glandular involvement, and the little sores tend to rapid cure. . . .

Tuberculous ulcers of the cervix are almost unknown as primary appearances, and are accompanied by signs of tuberculosis in other organs.

Extirpation of the Pylorus.—The woman on whom the operation was performed on January 29th was forty-three years of age, and previously in good health, having borne eight children (*Med. Times and Gazette*). In October, 1880, she suffered from vomiting, and soon presented all the symptoms of carcinoma of the stomach and stenosis of the pylorus. During the six weeks prior to the operation the constant vomiting and the small amount of nourishment taken led to excessive pallor, emaciation, small and frequent pulse, and exhaustion; so that the patient, feeling her end approaching, consented to the operation proposed by Billroth. The preparation for the operation, which was performed in a temperature of 24° R. (86° F.) under chloroform, consisted only in washing out the stomach with the ordinary tube. An incision about eight centimeters in length was performed over the tumor, which was readily movable under the thinned integuments. The tumor proved to be a nodulated carcinoma of the pylorus, which was in part infiltrated, and occupied more than the lower third of the stomach. The parts were carefully separated from the omentum and transverse colon, and the vessels being tied before their division very little blood was lost. The tumor having been completely brought on to the integuments of the abdomen an incision was made through the stomach one centimeter beyond the infiltrated part—first only backward, and then through the duodenum. An oblique incision through the stomach was next directed from above and inward to below and outward, always at a distance of one centimeter from the infiltrated parts. After uniting the oblique incision only sufficiently to allow of its being adjusted to the duodenum the tu-

mor was completely separated from the duodenum, one centimeter distant from the infiltration, by means of an incision parallel to that made in the stomach. The duodenum was adapted to the aperture left in stomach, about fifty sutures of carbolized silk in all having been employed during the operation. After cleansing with a two-per-cent carbolic acid solution and the application of a guard-ligature the parts were replaced in the cavity of the abdomen. The operation, including a tedious chloroformization, occupied one hour and a half. The excised portion consisted of fourteen centimeters of the greater curvature of the stomach, and a quill could only be passed with difficulty through the pylorus. The form of the stomach was not essentially changed by the operation, the organ only being rendered smaller. After the operation there was neither vomiting nor pain. . . . From a communication of Professor Billroth on February 13th it appears that the patient had continued to improve, so that the recovery then seemed assured. The result is indeed favorable beyond all expectation, and already suffices to show that such an operation is practicable, so that persons may now be successfully treated for a disease hitherto reputed incurable; and even when a relapse takes place they will at least have received temporary alleviation.

The Constitution of Malt Liquors and their Influence upon Digestion and Nutrient.—The word "malt extract" is by common consent of chemists applied to that portion of a malt liquor which either has not been fermented into alcohol or which after fermentation has escaped conversion into alcohol (Cincinnati Lancet and Clinic). Further, malt extract is a solid, and is obtained by evaporating the liquids containing it to dryness. It will be seen therefore that Hoff's liquid is something more than "malt extract," for it contains besides this body alcohol and the usual quantity of carbonic acid gas which causes any ordinary fermented liquor to froth up when liberated from the bottles containing it. In fact the presence of large quantities of carbonic acid gas in Hoff's liquid shows that its alcohol has been produced by internal fermentation; but on the other hand, this liquid of Hoff's produces on evaporation to dryness an extract which differs from the solid extract usually obtained from British beers. Malt extract obtained from such sources contains a large per cent of crystallizable sugar, while that of Hoff's liquid is almost entirely constituted of the dark brown uncrystallizable extractive matter present.

Starch constitutes 47.4 per cent of wheaten bread, 58.4 per cent of oat meal, 18.8 per cent of potatoes, 63.3 per cent of wheaten flour, 79.1 per cent of rice, and 82 per cent of arrow root, so that the whole matter seems of sufficient importance to merit careful experiment. It is obvious that if malt liquors exert a solvent action upon starch, the phenomena can be investigated external to the stomach, provided the necessary temperature and other conditions of the animal digestion be imitated. Such experiments have been conducted not only with Hoff's liquid, but with ordinary beers and porters, as bought from neighboring public houses.

Fifty grams of bread were digested at blood heat with two hundred centimeters of water made faintly alkaline with sodic hydrate. The total dissolved solids were then estimated after digestion for six hours at blood heat, and filtration in the usual way.

These experiments demonstrated that with twenty-four hours' digestion, ninety grams of Hoff's liquid

dissolved fifty per cent of the starch of thirty grams of bread, and that it requires four times as much of any of the others to effect the same result.

The total result is as follows, the figures being calculated to avoid decimals, and to show the amount of starch in the bread, which became soluble by the agency of the various liquors, the bread used in each case being of the same weight: Burton ale dissolved five per cent starch; London porter dissolved forty per cent; Wrexham ale dissolved twenty-six per cent; genuine Hoff's malt extract dissolved sixty per cent.

The importance of such an agent as Hoff's liquid upon the digestion and nutrition may be estimated, when it is considered that starch forms so large a proportion of the diet of man that in its natural state, or even when boiled, it is not soluble in the sense of being capable of absorption through a membrane (although it may become pasty or sticky) and that before it can be absorbed by the assimilative organs it must become soluble.

"Gynomania."—E. C. Spitzka, New York City, writes to the Medical Record: In regard to the query of a correspondent in your issue of March 19th, as to whether cases similar to the one designated by him as one of "gynomania" having occurred to others, I would say that such cases, while not frequent, are far from being uncommon, and that they have received due consideration at the hands of eminent German and French alienists. Westphal, under the head of *Contraere Sexualempfindung*, and Krafft-Ebing, in a very thorough paper dealing with all varieties of sexual perversion, have described cases of the same character, and shown that those states in which the patient feels himself inclined to assume the feminine dress and gestures, or goes so far as to feel himself a woman during the otherwise normally-performed sexual act, are symptoms of a degenerative psychosis. There are to my knowledge about twenty cases of this perversion described in the German periodicals. Probably a much larger number occur, but are unnoticed, as they rarely fall into the hands of so careful an observer as Dr. H., and very rarely indeed are committed to asylums. They are all of them incurable. I have met with three cases of "contrary sexual appetite," and of these only one came under my notice professionally; the others were learned of by accident. Careful search should be made in cases of this kind for a hereditary history and for anomalies in the offspring.

The Micrococci of Gonorrhea.—A. Bókai, in connection with A. Finkelstein, has made some experiments with a view of confirming the existence of the Neisser gonorrheal micrococci. Every specimen of the culture fluids showed micrococci which were in every respect identical with those described by Neisser (Cincinnati Lancet and Clinic). Six experiments in infection were made upon men, mostly students, who volunteered for the purpose. Three showed positive results from two drops of the fluid inserted in the urethra. An acute gonorrheal urethritis supervened with all the well-known symptoms. Three showed negative results, but in one the micrococci of the virus had been killed by the action of oleum eucalypti, and in the other two the virus used in the culture fluids had been originally derived from a chronic gonorrheal ophthalmia. We are informed that some of our enterprising young specialists are looking for students on whom to verify these results.